

2021

Employee Benefits Summary



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Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices for more details.

Changes Ahead.



At City of Los Altos, we value your contributions to our success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you are single, married, raising a family, or thinking ahead to retirement. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

The benefits in this summary are effective:

January 1, 2021 - December 31, 2021

Who Can You Cover?



WHO IS ELIGIBLE?

In general, probationary and regularly appointed Full-Time employees are eligible for the benefits outlined in this overview.

Part-time / Seasonal / Temporary employees who work greater than an average of 30 hours per week over 12 months of employment may be eligible for employer subsidized health insurance under the Affordable Care Act.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your same or opposite sex domestic partner
- Your children (including your domestic partner's children):
 - o Under age 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - o Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - o Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
 - o Dependents who are covered through a Parent-Child Relationship (subject to CalPERS criteria and certification).

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of Los Altos, City of cannot also be covered as a dependent.
- Employees who work fewer than 22 hours per week, temporary employees, contract employees, or employees residing outside the United States.

ENROLLMENT PERIODS

Coverage for new probationary and regularly appointed Full-Time employees begins on the 1st of the month following date of hire.

After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event. The City of Los Altos follows the CalPERS open enrollment window for health insurance, which typically begins in September and runs through October. Dates of the open enrollment period vary each year; this information will be communicated to staff as soon as it is made available by CalPERS.

The effective date for any open enrollment changes will be January 1 of the following year.

Notify Human Resources within 31 days if you have a qualifying life event and need to add or drop dependents outside of Open Enrollment. Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or divorce

Dependent Eligibility Verification

All employees adding/removing dependents must submit documentation to verify their dependent's eligibility and/or Qualifying Life Event. The following chart is an easy guide to what documents must be submitted along with the Health Enrollment/Change form.

- Dependent children verification includes birth or adoption certificate and social security number.
- Only provide first page of your prior year FEDERAL Tax Return that shows your dependents and black out any monetary amounts. STATE Returns are not acceptable.
- Proof of marriage must be a state issued marriage license or marriage certificate (not a church issued certificate) that includes the date of your marriage.
- State Registration Certificate is required for Domestic Partnership.
- Affidavit of Parent-Child Relationship is required for eligible Parent-Child relationships.
- Birth Certificates must be state issued (not hospital issued).

	Nothing Required	Marriage Certificate	Birth Certificate/ Certificate of Adoption/ SSN	State of California Domestic Partner (DP) Registration	Economically/ Disabled Dependent Child Affidavit and Federal Tax Return
Employee only	•				
Employee & Spouse		•			
Employee & Children			•		
Employee & Parent-Child Relationship or Disabled Children			•		•
Employee, Spouse & Children		•	•		
Employee, Spouse & Parent-Child Relationship or Disabled Children		•	•		•
Employee and DP				•	
Employee, DP and Children			•	•	
Employee, DP & Parent-Child Relationship or Disabled Children			•	•	•

You are responsible for ensuring that the health enrollment information about you and your family members is accurate, and for reporting any changes in a timely manner. If you fail to maintain current and accurate health enrollment information, you may be liable for the reimbursement of health premiums or health care services incurred during the entire ineligibility period.

When You Can Make Changes

Other than during the annual Open Enrollment period, you may not change your coverage unless you experience a qualifying life event.

Qualifying life events include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, dissolution of domestic partnership, and death of a spouse.
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child (including stepchildren).
- Change in employment status, including the start or termination of employment by you, your spouse, or your dependent child.
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- Change in a child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- Change in your health coverage or your spouse's coverage attributable to your spouse's employment.
- Change in an individual's eligibility for Medicare or Medicaid.
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child or dependent foster child.
- An event that is a qualifying life event under the Health Insurance Portability and Accountability Act (HIPAA), including acquisition of a new dependent or spouse or loss of coverage under another health insurance policy or plan if the coverage is terminated because of:
 - Voluntary or involuntary termination of employment or reduction in hours of employment or death, divorce, or legal separation;
 - Termination of employer contributions toward the other coverage, OR if the other coverage was COBRA Continuation Coverage, exhaustion of the coverage.

Important—Two rules apply to making changes to your benefits during the year:

- Any changes you make must be consistent with the change in status, AND
- You must make the changes within 30 days (60 days for CalPERS medical plans) of the date the event (marriage, birth, etc.) occurs.
- Mid-year changes are effective the first of the following month after Human Resources is properly notified.

If you must make mid-year changes to your insurance (adding/dropping dependents), contact Human Resources and provide supporting documents within 60 days (for CalPERS medical) or 30 days (non-CalPERS) of the change in status.

Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind.

STAY WELL!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

GET A PRIMARY CARE PROVIDER (PCP)

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non-emergency healthcare.

AN APPLE A DAY

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

BE MED WISE!

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.



GOING TO THE DOCTOR?

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.

WHEN TO USE THE ER

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life threatening condition that requires immediate attention or treatment that is only available at a hospital.

WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

Medical-CalPERS

The goal of the City of Los Altos is to provide you with affordable, quality health care benefits. Our medical benefits are designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. The City offers a choice of medical plans through the CalPERS Medical Program.

UNDERSTANDING HOW CalPERS HEALTH PLANS WORK

FEATURES	HMO	PPO
Accessing health care providers	Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price.	Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers.
Selecting a primary care physician (PCP)	Most HMOs require you to select a PCP who will work with you to manage your health care needs.	Does not require you to select a PCP.
Seeing a specialist	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Allows you access to many types of services without receiving a referral or advance approval.
Obtaining care	Generally requires you to obtain care from providers who are a part of the plan network. Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services)	Encourages you to seek services from preferred providers to ensure your coinsurance and co-payments are counted toward your calendar year out-of-pocket maximums. Allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill.
Paying for services	Requires you to make a small co-payment for most services.	Limits the amount preferred providers can charge you for services. Considers the PPO plan payment plus any deductibles and co-payments you make as payment in full for services rendered by a preferred provider.

Source: CalPERS' Open Enrollment 2020 Health Benefit Summary

Medical-CalPERS

HEALTH INSURANCE INFORMATION RESOURCES

Choosing your health plan is an important decision. To assist you with this process, each health plan available to you through the California Public Employees' Retirement System has produced a Summary of Benefits and Coverage (SBC).

To view the SBCs and glossary online, visit www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates or any of the health plan websites below. To request a free paper copy of the SBC and glossary, please contact each health plan directly. HR Department may have copies of SBC for distribution.

Anthem Blue Cross HMO		Kaiser Permanente HMO	
Member Services	(855) 839-4524	Member Services	(800) 464-4000
Website	www.anthem.com/ca/calpers	Website	www.kp.org/ca/calpers
HealthNet SmartCare (HMO)		Peace Officers Research Association of California*	
Member Services	(888) 926-4921	Member Services	(800) 288-6928
Website	www.healthnet.com/calpers	Website	http://ibtoforac.org
Western Health Advantage		PERS Select, PERS Choice, and PERSCare	
Member Services	(888) 942-7377	Member Services	(877) 737-7776
Website	www.westernhealth.com/calpers	Website	www.anthem.com/ca/calpers

*To enroll in these health plans, you must belong to the specific employee association and pay applicable dues. Please contact Human Resources Division with questions regarding eligibility and enrollment.

WAIVING HEALTH COVERAGE

Probationary and regularly appointed Full-Time employees may waive health coverage from CalPERS by providing the City of Los Altos with written proof of enrollment in an alternate group plan. By providing written proof of enrollment in an alternate group plan, employees may receive a monthly stipend of \$350 per month which is subject to taxation as income. Employees hired on or before October 1st, 2013, may receive a different monthly amount based on their employee bargaining group. For specific stipend amounts, you may refer to your employee group's labor agreement.

HEALTH COVERAGE FOR COUNCIL MEMBERS

Per Resolution 2014-08, the City shall pay the full premium of the lowest cost single member employee health insurance in the City's health plans for Council members. Council members shall not receive cash in lieu of medical benefits. Dependents of Council members may enroll in the City health plans provided the Council member pays the full dependent premium and with no cost to the City.

Medical-CalPERS



PREMIUMS

Pursuant to the Affordable Care Act, the City of Los Altos, at a minimum, fully pays for the lowest cost employee only health plan.

CARRIER	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
Anthem Select (HMO)	\$925.60	\$1,851.20	\$2,406.56
Anthem Traditional (HMO)	\$1,307.86	\$2,615.72	\$3,400.44
HealthNet SmartCare (HMO)	\$1,120.21	\$2,240.42	\$2,912.55
Kaiser Permanente (HMO)	\$813.64	\$1,627.28	\$2,115.46
PERS Choice (PPO)	\$935.84	\$1,871.68	\$2,433.18
PERS Select (PPO)	\$566.67	\$1,133.34	\$1,473.34
PERS Care (PPO)	\$1,294.69	\$2,589.38	\$3,366.19
PORAC (PPO)	\$799.00	\$1,725.00	\$2,199.00
Western Health Advantage	\$757.02	\$1,514.04	\$1,968.25

CITY CONTRIBUTION TOWARDS HEALTH INSURANCE PREMIUMS

The City contributes the following amounts towards employee's health insurance premiums based on bargaining group. Plans selected with insurance premiums over the City contribution amount will be paid by the employee via pre-tax payroll deductions.

EMPLOYEE GROUP	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
LAMEA	\$2,527.00	\$2,527.00	\$2,527.00
POA	\$813.64	\$1,627.28	\$2,115.46
TEAMSTERS	\$813.64	\$1,627.28	\$2,115.46
UNREPRESENTED	\$2,527.00	\$2,527.00	\$2,527.00

Medical-CalPERS

CaIPERS DIABETES PREVENTION PROGRAM

Did you know about the Diabetes Prevention Program (DPP)? This program is available to you and your enrolled dependents through your CalPERS health coverage.

Members who are diagnosed with prediabetes now have access to various programs and services through Omada Health or Solera which can help slow and prevent type 2 diabetes at no additional cost.

- **Omada Health: A Whole New Way to Get Healthy**
Omada is a digital health program that offers tools and support to help you lose weight and reduce your risk for type 2 diabetes, all from the convenience of your home. Participants get a professional health coach, a wireless scale linked to their account, peer support, and other resources to assist in making health a habit. Omada is cost-free for eligible members.
- **Solera**
Solera is a single source solution connecting patients to an integrated network of community and digital Diabetes Prevention Program providers.



The table below has links to the respective diabetes prevention programs offered by CalPERS health plans. You may also take the one-minute assessment quiz to see if you qualify.

HEALTH PLAN	PROGRAM
Anthem Blue Cross (Select & Traditional) www.solera4me.com/cp	Solera4Me (877) 486-0141
Anthem PERS PPO (PERSCare, Choice & Select) www.solera4me.com/cp	Solera4Me (877) 486-0141
Blue Shield www.solera4me.com/shield	Solera4Me (877) 486-0141
PORAC PPO www.solera4me.com/cp	Solera4Me (877) 486-0141
Kaiser Permanente www.my.kp.org/calpers/diabetes	Omada (888) 409-8687
Health Net SmartCare	Omada (888) 409-8687

QUESTIONS?

Visit CalPERS' [Diabetes Prevention Program](#) page for more information.

Dental & Vision Reimbursement Plan

The City of Los Altos Dental & Vision Reimbursement Plan is a self-funded reimbursement plan through Navia Benefit Solutions, which the City administers independent of any private insurance carrier. As this is a reimbursement plan, employees are not responsible for a premium – meaning that 100% of covered costs are reimbursable up to the annual maximum. Eligible employees are required to submit receipts through the Navia Benefit Solutions portal (www.naviabenefits.com).

The City offers a pooled family dental/vision reimbursement plan where the employee and their eligible dependent's annual maximum benefit amounts are combined and either the employee or eligible dependents may incur eligible expenses up to the pooled maximum annual benefit.

	Employee	Dependent
Calendar Year 2021 Dental/Vision Annual Maximum	\$1,939.00 per employee	\$1,291.00 per dependent

The annual reimbursement maximum for employees and dependents is adjusted annually using the 12-month Consumer Price Index, San Francisco Area, set by the U.S. Department of Labor Bureau of Statistics for the month of September, not to exceed 3% and becomes effective January 1 of the following year.

Example 1: Employee, Spouse, & One Child

$(\$1,291 \text{ per dependent} \times \text{two dependents}) + \$1,939 = \$4,521$ Pooled Maximum Annual Benefit
In this scenario, either the employee, spouse, or child may incur eligible expenses up to the pooled maximum annual benefit of \$4,521.

Example 2: Employee, Spouse, & Three Children

$(\$1,291 \text{ per dependent} \times \text{four dependents}) + \$1,939 = \$7,103$ Pooled Maximum Annual Benefit
In this scenario, either the spouse or any of the children may incur eligible expenses up to the pooled maximum annual benefit of \$6,992.

PARTICIPANT ELIGIBILITY

Probationary and regularly appointed Full-Time employees are eligible to participate. New employees are eligible beginning the first day of employment. Dependents of employees are defined as lawful spouses or domestic partners and children (up to age 26).

PLAN YEAR

The Dental & Vision Reimbursement Plan runs from January 1 through December 31 and balances renew each calendar year; unused balances are not carried over year-to-year. The year in which a claim is paid out of is determined by the date of service and not by the date a claim was submitted.

DUAL INSURANCE

To help cover dental expenses employees may use additional, “dual” insurance that has been made available through their spouse’s employer in combination with the City’s Dental Reimbursement Plan.

Employees who have dual insurance made available through the spouse’s employer for their children should be aware of the birthday rule; the parent with the birthday earliest in the calendar year, is considered the primary insurance. In those instances, you will be asked to provide an Explanation of Benefits (EOB) from your spouse’s employer in order to process reimbursement for your children’s claims. Please contact Human Resources for assistance.

Dental & Vision Reimbursement Plan



DEFINITIONS

“Dentist” is defined to mean a legally qualified dentist practicing within the scope of his/her license. For the purpose of the City’s plan, “dentist” shall also include a legally qualified physician authorized by his license to perform the particular dental services rendered.

“Dependent” is defined as a lawful spouse or domestic partner and children to age 26. Children include stepchildren and adopted children provided such are dependent upon the employee for support and maintenance. An unmarried child 26 years of age or over may continue to be eligible as a dependent if he/she is incapable of self-support because of physical or mental incapacity that commenced prior to reaching the age of 26. A physician’s certificate must be submitted within six months following his/her 26th birthday.

COVERED EXPENSES

Covered expenses are detailed in the City of Los Altos Dental Reimbursement Plan Administrative Procedures. Should you have additional questions, contact Human Resources at sgerdes@losaltosca.gov.

Life Insurance



If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses.

LIFE AND AD&D INSURANCE

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident.

The City of Los Altos provides life insurance to Full-Time Regular employees. The amount of the policy varies by employee group. See below for information on different policy amounts and eligibility information as plan design is specific to each employee group.

	Basic Life & AD&D Insurance: Class 1	Basic Life & AD&D Insurance: Class 2
Eligibility Group	All employees working at least 40 hours per week, excluding sworn safety employees and elected officials	All sworn safety employees working at least 40 hours per week, excluding elected officials
Monthly Benefit	1.5x Basic Annual Earnings, up to \$150,000 Maximum	1.5x Basic Annual Earnings, up to \$50,000 Maximum
Guaranteed Issuance Amount	\$50,000	\$50,000
Benefit Reduction	65% at age 70 50% at age 75	65% at age 70 50% at age 75
Basic Life Rate per \$1,000	\$0.140	
Basic AD&D Rate per \$1,000	\$0.025	

Enrollment & Coverage

Probationary and regularly appointed Full-Time employees are eligible for a life insurance policy and will be enrolled on their date of hire. Coverage continues throughout employment with the City of Los Altos and terminates on the last day of employment. If your basic life insurance coverage is reduced or ends for any reason, except nonpayment of premiums, you can convert to an individual policy. Converted policies are subject to certain benefits and limits and premiums are subject to change. For specific information, contact Human Resources.

SUPPLEMENTAL LIFE

Probationary and regularly appointed Full-Time employees may elect to enroll in a supplemental life insurance policy. The amount elected in this policy would be in addition to the basic life insurance policy.

Employees who enroll in a supplemental life insurance policy may also enroll in a supplemental life insurance policy for a spouse or dependent.

Employee Voluntary Life Amount	Increments of \$10,000 (minimum \$20,000) up to Lesser of 5 x covered annual earnings or \$500,000
Spouse Voluntary Life Amount	Increments of \$5,000 (minimum \$10,000) up to Lesser of plan pays 50% of employee amount or \$250,000
Child(ren) Voluntary Life Amount	Under 15 days: \$0; 6 months to age 26: \$5,000 15 days to 6 months: \$250; up to Lesser of plan pays 50% of employee amount or \$5,000

As pricing and enrollment information is specific to each employee, please check with Human Resources for plan design information.

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

STATE DISABILITY INSURANCE PROGRAM

Probationary and regularly appointed Full-Time employees in the union groups Teamsters and LAMEA are automatically enroll in the State of California's Disability Insurance Program.

This program provides short-term Disability Insurance and Paid Family Leave wage replacement benefits to eligible workers. This is an employee paid benefit that requires a 1.2% contribution rate of an employee's salary. The taxable wage limit is \$128,298 for each employee per calendar year. The maximum to withhold for each employee is \$1,539.58 annually.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

Probationary and regularly appointed Full-Time employees may be covered by or elect to enroll in a long term disability insurance policy. This policy provides coverage for disabilities resulting from injuries or illnesses that prevent employees from performing the essential duties of their jobs. See below for pricing and enrollment information as plan design is specific to each employee group.

	Unrepresented LTD Plan	Voluntary LTD PLAN: Class 1	Voluntary LTD PLAN: Class 2
Eligibility Group	All full-time active unrepresented employees working at least 40 hours per week	All eligible Teamsters Local 350 Employees	All eligible non-Teamsters Local 350 employees including non-sworn POA employees, and all other unrepresented employees, excluding police officers and elected officials
Paid By	Employer (Pre-Tax)	Employee (Post-Tax)	Employee (Post-Tax)
Elimination Period	60 Days	60 Days	90 Days
Monthly Benefit %	66.67%	66.67%	66.67%
Maximum Monthly Benefit	\$10,000	\$10,000	\$10,000
Rate per \$100 of covered payroll	\$0.385	\$0.909	\$0.909

There are two methods of payment for LTD insurance - If your LTD insurance premium is paid after taxes, your benefit (should you ever need it) will be tax-free. Depending on your tax bracket, this could result in significantly more money to spend on your ongoing living expenses. City of Los Altos will report the amount of your LTD premiums as taxable income on your W2 form.

Employee Assistance Program

When you need help meeting life's challenges, the Anthem Blue Cross Employee Assistance Program (EAP) is here for you and your household members. Check out some of the services we offer — at no cost to you. If it is determined that more than **eight (8) sessions** are needed for your specific situation, the EAP will help coordinate your needs under your medical plan.

All services are confidential and in accordance with professional ethics and Federal and state laws. Use of the EAP is strictly voluntary.



Counseling

- Up to 8 visits per issue
- Face-to-face counseling or online visits
- via LiveHealth Online
- Can call EAP or use the online
- Member Center to initiate services



MyStrength

- Online “health club for your mind”
- E-learning modules and mood trackers
- Library of videos, articles and inspirational quotes
- Supports development of personal action plans



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Online resources, including free legal forms, seminars and a library of articles



Dependent care and daily living resources

- Information available on child care, adoption, summer camps, college placement, elder care and assisted living through the EAP website
- Phone consultation with a work-life specialist
- For help with everyday needs, like pet sitting, relocation resources and more



Financial consultation

- Phone meeting with financial professionals
- Consultation available during regular business hours — no time limits or appointments needed
- Online resources, including articles, calculators and budgeting tools



Other anthemEAP.com resources

- Well-being articles, podcasts and monthly webinars
- Self-assessment tools for depression, anxiety,
- relationships, alcohol use, eating habits and more



ID recovery

- Identity theft risk level checked by specialists
- Help with reporting to consumer credit agencies
- Assistance filling out paperwork and negotiating with creditors



Crisis consultation

- Toll-free number for emergencies
- Round-the-clock help available

Need help? Give EAP a try today.

Call at 833-954-1067. Or go to anthemEAP.com and enter company code: **PRISM**

Retirement



CALPERS RETIREMENT BENEFITS

The information provided below is intended to be an overview of how CalPERS retirement applies to you (but is not an inclusive overview). The CalPERS retirement system has many nuances, and any specific questions should always be directed to Human Resources or to CalPERS. All existing and new members (Miscellaneous & Safety) are strongly encouraged conduct their own research on this subject by visiting the CalPERS website (www.calpers.ca.gov/page/active-members/retirement-benefits) or by calling CalPERS directly at (888) 225-7377.

How are Retirement Benefits Calculated?

Service Credit (Years) X Benefit Factor X (%) per year = Final Compensation (Monthly \$) = Unmodified Allowance (\$)

Applies to	Current sworn safety employees hired prior to December 31, 2011	Current sworn safety employees hired on or after January 1, 2012	Current sworn safety employees hired on or after January 1, 2013	Misc. employees hired prior to December 31, 2011	Misc. employees hired on or after January 1, 2012 or before December 31, 2012	Misc. employees hired on or after January 1, 2013
Formula	3% @ 50	3% @ 55	2.7% @ 57	2.7% @ 55	2% @ 60	2% @ 62
CalPERS Membership	Classic	Classic	New	Classic	Classic	New
Tier	I	II	PEPRA	I	II	PEPRA
Based On	Highest 12-consecutive-month compensation	Highest Average 36-consecutive-month compensation	Highest Average 36-consecutive-month compensation	Highest 12-consecutive-month compensation	Highest Average 36-consecutive-month compensation	Highest Average 36-consecutive-month compensation
Employee Contribution FY 2018/19	9%	9%	13%	8%	7%	6.75%

To be eligible for service retirement, the employee must meet the minimum age for retirement and be vested with five years of CalPERS service credit.

Retirement

DEFERRED COMPENSATION

Deferred compensation plans, also known as 457 retirement plans, are designed for state and municipal workers as well as employees of some tax-exempt organizations. If you participate in a 457 plan, you may contribute a portion of your salary to a retirement account. That money and any earnings you accumulate are not taxed until you withdraw them.

401(k) vs. 457

Although they're alike in many ways, there are some differences between 401(k) and 457 plans, particularly when it comes to early withdrawal penalties and minimum required distributions.

With a 457 retirement savings plan (subject to change based upon federal income tax law):

- There isn't a minimum retirement age
- There isn't a 10% federal penalty for early withdrawal of funds, although withdrawals are subject to ordinary income taxes
- There is a withdrawal option for unforeseen emergencies that meet certain legal criteria, if all other financial resources are exhausted
- Distributions are available in a lump sum, annual installments or as an annuity
- There is no tax withholding if you leave for a new job and roll over your money into an IRA or your new employer's 401(k), 403(b) or 457 plan – or if you take regular installments for 10 years or more. (All other distributions are subject to 20% withholding for federal taxes.)

Contributions

Pre-tax contributions you make reduce your taxable income for the year. These contributions and all associated earnings are then not subject to tax until you withdraw them. You are also able to make after-tax Roth contributions which allow for potentially tax-free earnings.

Contribution limits are set by the IRS. For the current year, contribution limits are listed below:

Maximum Contribution	Age-50 Catch-up	Pre-Retirement Catch-up
\$19,500 per year	\$25,000 per year	\$39,000 per year

Enrollment & Investment

The City of Los Altos partners with ICMA-RC and Nationwide Retirement Solutions to provide 457 plans to employees. Both plans allow for enrollment at any time and contribution changes at any time. You control how your account is invested, choosing from options selected by your employer. A typical plan includes a wide range of options, from more conservative stable value funds and CDs to more aggressive bond and stock funds. You may choose to build a diversified portfolio of various funds, select a simple yet diversified target-date or target-risk fund, or rely on specific investment advice from either of our account representatives listed below.

Nationwide Retirement Solutions	ICMA -RC
Dawn Furlo dawn.furlo@nationwide.com	Ryan Bertrand rbertrand@icmarc.org

Other Programs



FLEXIBLE SPENDING ACCOUNT (HEALTH CARE & DEPENDENT CARE)

Probationary and regularly appointed Full-Time employees may elect to enroll in Flexible Spending Account for health care expenses, dependent care expenses, or both. This account is a pre-tax benefit that enables employees to set aside money to pay for out-of-pocket health care expenses or dependent care expenses.

Contribution limits are set by the IRS. For the current year, contribution limits are listed below:

Healthcare FSA Max Election	Dependent Care FSA Max Election
\$2,750 per year	\$5,000 per year

For a list of eligible and ineligible expenses that can be claimed, visit:

www.naviabenefits.com/participants/resources/expenses .

ALTERNATIVE WORK SCHEDULE

In 2018, the City implemented a compressed work schedule for City Hall, Municipal Services, and Recreation staff. Under the new schedule, called a “Defined 9/80 Schedule,” staff work the same 80 hours, but over nine days every two weeks. Every other Friday these City locations are closed to staff and the public. A full list of Friday Closures can be found on the City Website at www.losaltosca.gov/calendar. Employees scheduled to work or requesting to work an alternative work schedule shall submit an “Alternative Work Schedule Form” to their immediate supervisor and department director. Work schedules have been and will continue to be determined by City Departments based upon the need to provide service to the public.

COMMUTER BENEFIT

Full-Time Regular employees may elect to enroll in the Commuter Benefit plan which allows employees to set aside pre-tax dollars that can be used to pay for transit passes or vanpool charges, up to the IRS limit. For more information, visit www.naviabenefits.com/participants/benefits/gonavia-commuter-benefits.

CARPOOL BUDDY PROGRAM

On December 10, 2013, the City Council adopted the Los Altos Climate Action Plan (CAP) with a target of reducing the community’s greenhouse gas emissions (GHG) by at least 15% by 2020. One of the components of this plan is to encourage City employees to reduce GHG emissions by carpooling to work. Employees interested in participating should email HR@losaltosca.gov; if two employees living near each other show interest, we will notify them of the match.

Other Programs

UNION-SPECIFIC BENEFITS

Membership in either the Los Altos POA, LAMEA, or Teamsters Local 350 may entitle you to additional benefits which are administered through the union. For more information, contact the appropriate union for your position.

RETIREE HEALTH SAVINGS PLAN

The City makes available to eligible bargaining group members a retiree health savings (RHS) plan administered by ICMA-RC that can be used for qualifying medical-related expenses. Contributions as well as any invested earnings may be withdrawals from the RHS at separation from employment with the City of Los Altos, at normal retirement, if you become totally and permanently disabled, or upon death to eligible survivors.

	POA RHS Plan	TEAMSTERS RHS Plan
Eligible Group's Minimum Service Eligibility	Post-probationary regular POA employees	All Teamsters Local 350 Employees
Employee Contributions	\$50/pay period	\$25/pay period for 0- 5 years of service \$35/pay period for 5-10 years of service \$45/pay period for 10+ years of service
Employer Contributions	N/A	Employer matches employee contributions

For specific information regarding this benefit, contact Ryan Bertrand at rbertrand@icmarc.org .

For additional information on employee benefits, contact Human Resources by emailing sgerdes@losaltosca.gov or by phone at (650) 947-2606.

Lincoln TravelConnectSM Services



TravelConnect services are included in your Lincoln Life Insurance plan and are available for business or leisure travel when employees and dependents are more than 100 miles from home.



Medical

Your employees can use TravelConnect to connect 24/7 with a multilingual assistance coordinator and get help with:

- Doctor referrals
- Medical monitoring
- Medical transportation
- Prescription assistance
- Transportation of remains
- 24/7 nurse help line



Safety

They will come to your employee's aid in the event of a natural disaster or political upheaval. In either case, the program will arrange:

- Evacuation to the nearest safe haven location
- Lodging at the safe haven location
- Onward travel arrangements home



General Travel

It also assists with common travel concerns that travelers face before and during their trip:

- Pre-trip travel services
- Lost travel documents
- Legal consultation and referral

For a complete list of TravelConnect services, go to mysearchlightportal.com

Lincoln EmployeeConnectSM



EmployeeConnectSM offers professional, confidential services that can help you and your family members improve your quality of life.



In-person guidance

Some matters are best resolved by meeting with a professional in person. With EmployeeConnectSM, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings



Unlimited 24/7 assistance

You and your family can access the following services anytime — online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning



Online Resources

EmployeeConnectSM offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNowSM mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more



Take advantage of **EmployeeConnectSM**

For more information about the program, visit GuidanceResources.com, download the GuidanceNowSM mobile app or call 888-628-4824.

GuidanceResources.com login credentials:

Username: **LFGSupport** | Password: **LFGSupport1**

Lincoln LifeKeys® Services



No matter how well you plan, unexpected challenges will arise. When they do, help and support are nearby— thanks to LifeKeys® services from Lincoln Financial Group.

Save money on shopping and entertainment

You have access to GuidanceResources® Online that includes 24/7 access to the Working Advantage discount network. You can save up to 60% on a variety of products and services, such as electronics, health and fitness, Broadway shows and much more. Also available in the GuidanceNow mobile app.

Help with important life matters

You'll find supportive tools and advice on a wide range of topics — including legal, financial, family and career on GuidanceResources® Online. It's one way to stay "in the know" on matters that impact your personal and professional life.

Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.

Online will preparation

Creating a will allows you to make vital decisions ahead of time — such as naming a guardian for your children or designating who will receive your property and assets after you pass away. Without a will, state officials will distribute your estate. EstateGuidance® offers you a quick and easy way to create and execute a will so you can rest easy knowing you've planned ahead for your family.

Guidance and support for your beneficiaries

LifeKeys' comprehensive program offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters and help coping with the occasional challenge of day-to-day life.



It's easy to access LifeKeys® services.

Just visit [GuidanceResources.com](https://www.guidanceresources.com), download the GuidanceNow mobile app, or call 855.891.3684.

First-time user: Enter Web ID LifeKeys

Holidays & Leave



CITY OBSERVED HOLIDAYS

HOLIDAY	DATE OBSERVED
New Year's Day (January 1st)	Friday, January 1, 2021
Martin Luther King, Jr. Day (3rd Monday in January)	Monday, January 18, 2021
President's Day (3rd Monday in February)	Monday, February 15, 2021
Memorial Day (Last Monday in May)	Monday, May 31, 2021
Independence Day (July 4th)	Monday, July 5, 2021
Labor Day (1st Monday in September)	Monday, September 6, 2021
Veterans Day (November 11th)	Thursday, November 11, 2021
Thanksgiving Holiday (4th Thursday in November)	Wednesday, November 24, 2021 Thursday, November 25, 2021
Christmas Day (December 25th)	Thursday, December 23, 2021

When a holiday falls on Saturday, the preceding Friday shall be observed. When a holiday falls on Sunday, the following Monday shall be observed.

Probationary or regularly appointed Full-Time employee employees working a Defined 9/80 Work Schedule or employees on a 4/10 Work Schedule at Defined 9/80 locations will only accrue one (1) nine (9) hour floating holiday in the first full pay period in July unless an employee's labor agreement specifies otherwise.

In accordance with the current Los Altos POA MOU, shift personnel such as in police and communications receive holiday pay in accordance with the collective bargaining agreement. (REFER TO CURRENT POA MOU ARTICLE 16.2).

Part-Time/Seasonal/Temporary employees shall not be entitled to paid holidays.

Holidays & Leave



VACATION

All probationary or regularly appointed Full-Time employees shall earn vacation leave time per the vacation accrual schedule below, which was established by City Council Resolution 1998-20 and amended by City Council Resolution 07-31:

YEARS OF CONTINUOUS SERVICE	ANNUAL VACATION ACCRUAL	MAXIMUM VACATION ACCRUAL
Fewer than 5 years	80 hours	240 hours
5 years	120 hours	360 hours
6 to 7 years	128 hours	384 hours
8 to 9 years	136 hours	408 hours
10 to 11 years	144 hours	432 hours
12 to 13 years	152 hours	456 hours
14 to 19 years	160 hours	480 hours
more than 20 years	180 hours	540 hours

Vacation accrual changes will begin on the pay period following the anniversary date. The maximum vacation accrual balance permitted will be three times the employee's annual accrual rate. Vacation earning and accruals will stop once the employee has reached his/her maximum vacation accrual balance. Only probationary and regularly appointed Full-Time employees shall be entitled to paid vacation leave. Part- Time/Seasonal/Temporary employees shall not be entitled to paid vacation leave.

The times during a calendar year at which an employee may take his vacation shall be determined by the department head with due regard for the wishes of the employee and particular regard for the needs of the service.

Probationary or regularly appointed Full-Time employees who terminate employment shall be paid in a lump sum for all accrued vacation leave earned prior to the effective date of termination. No such payment shall be made for vacation accumulated contrary to the foregoing provisions.

Holidays & Leave



SICK LEAVE

Sick leave with pay shall be earned by probationary or regularly appointed Full-Time employees from the date of current service with the City at the accrual rate of 3.69 hours per pay period. Sick leave shall not be considered as a privilege which an employee may use at his/her discretion, but shall be allowed only in the case of necessity and actual sickness or disability of the employee, or because of illness or death in his/her immediate family.

Unused sick leave shall be accumulated at the accrual rate per pay period with no limit on the amount of hours accumulated, from the date of current employment.

Sick Leave for Part-Time/Seasonal/Temporary Employees: Effective July 1, 2015, California Paid Sick Leave law requires the City of Los Altos to provide paid sick leave to Part-Time/Seasonal/Temporary employees according to the following criteria:

- An employee begins to accrue paid sick leave at the rate of one (1) hour of paid sick leave for every thirty (30) hours worked beginning on the first day of employment. An employee is not eligible to begin using any accrued sick leave until after 90 days of employment with the City of Los Altos.
- An employee is only allowed to use up to a maximum of 3 days or 24 hours of paid sick leave in a 12- month period.
- An employee can only accrue paid sick leave up to a cap of 6 days or 48 hours ongoing. Any unused accrued paid sick leave does carryover year-to-year while continuously employed and is not cashed out at the time of separation.

PERFECT ATTENDANCE

For every six [6] consecutive months of perfect attendance by probationary or regularly appointed Full-Time employees, eight hours shall be added to the employee's perfect attendance balance. For every twelve [12] consecutive months of perfect attendance, eight additional "bonus hours" [making a total of twenty-four extra perfect attendance hours or the twelve (12) consecutive months of perfect attendance shall be added to any probationary or regularly appointed Full-Time employee's perfect attendance balance. Each six [6] or twelve [12] month period shall begin on the date the employee returns to work following an illness or family sick leave.

ADDITIONAL PAID TIME OFF BENEFITS

Dependent upon job classification, certain positions may be eligible for either Compensatory Time Off or Management Leave; contact Human Resources by emailing sgerdes@losaltosca.gov for more information regarding your position's eligibility.

Plan Contacts

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website
Medical	Anthem Blue Cross	(855) 839-4524	www.anthem.com/ca/calpers
	Health Net	(888) 926-4921	www.healthnet.com/calpers
	Kaiser Permanente	(800) 464-4000	www.kp.org/ca/calpers
	PORAC	(800) 288-6928	http://ibtoforac.org
	PERS	(877) 737-7776	www.anthem.com/ca/calpers
	Western Health Advantage	(888) 942-7377	www.westernhealth.com/calpers
Dental & Vision Reimbursement	Navia Benefits		www.naviabenefits.com
Life & Long Term Disability	Voya Financial		
Employee Assistance Program	Anthem EAP		
Deferred Compensation	Nationwide Retirement Solutions - Dawn Furlo	dawn.furlo@nationwide.com	
	ICMA-RC – Ryan Bertrand Ortiz	rbertrand@icmarc.org	

Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

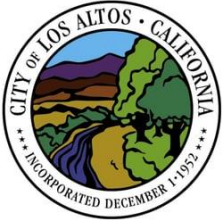
DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

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Rev. 3/17/2021